

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			<b>Docket No.</b>
Applicant(s): <b>TETSUYA ONISHI</b>			<b>KOY-0012</b>
<b>Application No.</b> 10/657,381	<b>Filing Date</b> 09/08/2003	<b>Examiner</b>	<b>Group Art Unit</b> 2882
<b>Invention: IMAGE MANAGEMENT APPARATUS AND MEDICAL NETWORK SYSTEM</b>			
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PTO/SB/122 (08-03)

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<b>CHANGE OF CORRESPONDENCE ADDRESS</b>  <b>Application</b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/657,381
	Filing Date	09/08/2003
	First Named Inventor	TETSUYA ONISHI
	Art Unit	2882
	Examiner Name	
	Attorney Docket Number	KOY-0012

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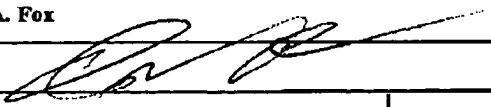
☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or Agent of record. Registration Number 38,807

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number .....

Typed or Printed Name David A. Fox

Signature 

Date 11/04/2004 Telephone (860) 286-2929

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